

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **VOTEVETS.ORG ACTION FUND**(b) Address (number and street) ☐ check if different than previously reported
303 PARK AVE S #1293(c) City, State and ZIP Code
NEW YORK NY 10010

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number**C** C30001275**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2012

through

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2012(b) Communication Title Stretched**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Peter Mellman

(b) Address (number and street)

303 Park Ave. S.
1293

(c) City, State and ZIP Code

New York

NY 10010

(d) Name of Employer or Principal Place of Business

VoteVets.org Action Fund

(e) Occupation

CFO

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 61642.20

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Peter Mellman

SIGNATURE Peter Mellman

[Electronically Filed]

DATE

10/16/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.